

HOUSE BILL REPORT

ESHB 1298

As Passed House:

March 11, 1995

Title: An act relating to methadone treatment.

Brief Description: Enlarging the scope of the methadone treatment program to the opiate substitution treatment program.

Sponsors: By House Committee on Children & Family Services (originally sponsored by Representatives Cooke, Tokuda and Patterson; by request of Department of Social and Health Services).

Brief History:

Committee Activity:

Children & Family Services: 2/24/95, 2/28/95 [DPS].

Floor Activity:

Passed House: 3/11/95, 81-14.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 8 members: Representatives Cooke, Chairman; Lambert, Vice Chairman; Stevens, Vice Chairman; Thibaudeau, Ranking Minority Member; Boldt; Buck; Carrell and Padden.

Minority Report: Do not pass. Signed by 3 members: Representatives Brown, Assistant Ranking Minority Member; Patterson and Tokuda.

Staff: David Knutson (786-7146).

Background: Programs providing methadone treatment services must be certified by the Department of Social and Health Services. County legislative authorities are authorized to prohibit methadone treatment in their county. Methadone treatment programs do not have statutory authority to provide opiate substitutes other than methadone for individuals addicted to opiates. Methadone treatment programs cannot have a caseload over 350 people.

Summary of Bill: Programs providing opiate substitution treatment may provide methadone or other pharmacological drugs used in the treatment of opiate dependency

to individuals addicted to opiates. The prohibition against a treatment program having a maximum caseload of 350 people is retained.

Appropriation: None.

Fiscal Note: Requested on February 16, 1995.

Effective Date of Bill: Ninety days after adjournment of session in which bill is passed.

Testimony For: New opiate substitutes should be authorized in addition to methadone. County legislative authorities should be allowed to determine the caseload size of treatment programs.

Testimony Against: The caseload restriction should be left in place.

Testified: Ken Stark, Department of Social and Health Services (pro); Linda Grant, Association of Alcoholism and Addictions Programs (con); Mike Tretton, Central Seattle Recovery Center (pro); Steven Freng, Association of County Human Services (pro); and Norman Johnson, Therapeutic Health Services (con).